# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY EMPLOYEES OF THE SPACE SYSTEMS GROUP AT HARLINGEN

**1b** Three-digit plan number (PN) ▶ 008

**1c** Effective date of plan 01/01/2019

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
UNITED LAUNCH ALLIANCE

9501 E PANORAMA CIR
CENTENNIAL, CO 80112

**2b** Employer Identification Number (EIN)
81-0673845

**2c** Plan Sponsor's telephone number
720-922-7100

**2d** Business code (see instructions)
336410

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/30/2026 | LIANE GEORGE |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **4** | If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 145 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 2 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 0 |
| **b** | Retired or separated participants receiving benefits | **6b** | 76 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 54 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 130 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 15 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 145 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1I

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** [ ] | Insurance | **(1)** [ ] | Insurance |
| **(2)** [ ] | Code section 412(e)(3) insurance contracts | **(2)** [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** [X] | Trust | **(3)** [X] | Trust |
| **(4)** [ ] | General assets of the sponsor | **(4)** [ ] | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

**A** Name of plan
UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY EMPLOYEES OF THE SPACE SYSTEMS GROUP AT HARLINGEN

**B** Three-digit plan number (PN) ▶ 008

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UNITED LAUNCH ALLIANCE

**D** Employer Identification Number (EIN)
81-0673845

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2025

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 11951241 |
| **b** Actuarial value | **2b** | 12191078 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 80 | 6028295 | 6028295 |
| **b** For terminated vested participants | 63 | 3771445 | 3771445 |
| **c** For active participants | 2 | 441360 | 441360 |
| **d** Total | 145 | 10241100 | 10241100 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |

| | | |
|---|---|---|
| **5** Effective interest rate | **5** | 5.32 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 185000 |
| **c** Target normal cost | **6c** | 185000 |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN HERE**

Signature of actuary

09/01/2026
Date

CATHERINE SELLERS
Type or print name of actuary

26-08885
Most recent enrollment number

GALLAGHER BENEFIT SERVICES, INC.
Firm name

720-994-3655
Telephone number (including area code)

6200 S. SYRACUSE WAY
SUITE 220
GREENWOOD VILLAGE, CO 80111
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 0.65 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 0 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.14 % | | 0 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 0 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 119.04 % |
| 15 | Adjusted funding target attainment percentage | 15 | 119.04 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 123.88 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 0 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 0 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

## Part V Assumptions Used to Determine Funding Target and Target Normal Cost

**21** Discount rate:

| | | | | |
|---|---|---|---|---|
| **a** Segment rates: | 1st segment: 5.00 % | 2nd segment: 5.27 % | 3rd segment: 5.50 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 62 |

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous Items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | **27** | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|---|---|
| **28** Unpaid minimum required contributions for all prior years | **28** | 0 |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | **29** | 0 |
| **30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | **30** | 0 |

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 185000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 185000 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ )_and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 0 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 0 |

**38** Present value of excess contributions for current year (see instructions)

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 0 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

## Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY EMPLOYEES OF THE SPACE SYSTEMS GROUP AT HARLINGEN

**B** Three-digit plan number (PN) ▶ 008

**C** Plan sponsor's name as shown on line 2a of Form 5500
UNITED LAUNCH ALLIANCE

**D** Employer Identification Number (EIN)
81-0673845

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

AGILIS PARTNERS LLC

130 TURNER STREET
BUILDING 3, STE 510
WALTHAM, MA 02453

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 15 49 50 | NONE | 58643 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

NORTHERN TRUST COMPANY

36-1561860

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 18 19 21 50 | NONE | 48496 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

GRANT THORNTON LLP

36-6055558

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 42429 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

AON INVESTMENTS USA INC

36-3109431

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 17 27 50 | NONE | 33669 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

BDO USA, P.C.

13-5381590

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 49 | NONE | 8612 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY EMPLOYEES OF THE SPACE SYSTEMS GROUP AT HARLINGEN

**B** Three-digit plan number (PN) ▶ 008

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
UNITED LAUNCH ALLIANCE

**D** Employer Identification Number (EIN)
81-0673845

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INV TREASURY US INTERMEDIATE GOVT B

**b** Name of sponsor of entity listed in (a): AON HEWITT

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 27-2436452-014 | C | 2260222 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR US TREASURY STRIPS

**b** Name of sponsor of entity listed in (a): AON HEWITT

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 27-2436452-012 | C | 160724 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE CREDIT BOND FUND

**b** Name of sponsor of entity listed in (a): AON HEWITT

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 27-2436452-008 | C | 4369549 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: US LONG FIXED INCOME ACTIVE CREDIT

**b** Name of sponsor of entity listed in (a): AON HEWITT

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 27-2436452-007 | C | 5021822 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY EMPLOYEES OF THE SPACE SYSTEMS GROUP AT HARLINGEN

**B** Three-digit plan number (PN) ▶ 008

**C** Plan sponsor's name as shown on line 2a of Form 5500
UNITED LAUNCH ALLIANCE

**D** Employer Identification Number (EIN)
81-0673845

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 3065 | 268 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 823782 | 0 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 11124394 | 11812317 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 0 | 199023 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 11951241 | 12011608 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | 33074 | 34466 |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 33074 | 34466 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 11918167 | 11977142 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 0 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 18171 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 18171 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 837936 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 856107 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 589913 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 589913 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 42429 | |
| (5) Investment advisory and investment management fees | 2i(5) | 33669 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 48496 | |
| (7) Actuarial fees | 2i(7) | 58643 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 23982 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 207219 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 797132 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 58975 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

**(1)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: GRANT THORNTON **(2)** EIN: 36-6055558

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

**(1)** [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 10000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | X | | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 578129.

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY EMPLOYEES OF THE SPACE SYSTEMS GROUP AT HARLINGEN

**B** Three-digit plan number (PN) ▶ 008

**C** Plan sponsor's name as shown on line 2a of Form 5500
UNITED LAUNCH ALLIANCE

**D** Employer Identification Number (EIN)
81-0673845

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 36-1561860

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 0

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

**If the plan is a defined benefit plan, go to line 8.**

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

| | | | |
|---|---|---|---|
| 6 | a | Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | 6a | |
| | b | Enter the amount contributed by the employer to the plan for this plan year ..... | 6b | |
| | c | Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | 6c | |

**If you completed line 6c, skip lines 8 and 9.**

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

## Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

## Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

**20** **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

# United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen

Financial Statements and
Supplemental Schedules

As of December 31, 2025 and 2024 and for
the Year Ended December 31, 2025

# United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen

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## REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

The United Launch Alliance Administrative Committee
United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen

**Scope and nature of the ERISA Section 103(a)(3)(C) audit**
We have performed audits of the financial statements of United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

**Opinion**
In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



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**Basis for opinion**
We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

**Responsibilities of management for the financial statements**
Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

**Auditor’s responsibilities for the audit of the financial statements**
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

**Other matter – supplemental schedules required by ERISA**
The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Grant Thornton LLP

Philadelphia, Pennsylvania
September 23, 2026

# United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen

## Statements of Net Assets Available for Benefits

| | December 31, 2025 | 2024 |
|---|---|---|
| **Assets:** | | |
| Investments, at fair value: | | |
| Money market fund | **$ 199,023** | $ 823,782 |
| Collective investment trusts | **11,812,317** | 11,124,394 |
| Total investments | **12,011,340** | 11,948,176 |
| Receivables: | | |
| Accrued income | **268** | 3,065 |
| Total receivables | **268** | 3,065 |
| **Liabilities:** | | |
| Accrued expenses | **(34,466)** | (33,074) |
| Net Assets Available for Benefits | **$ 11,977,142** | $ 11,918,167 |

*See accompanying report of independent certified public accountants and notes to financial statements.*

# United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen

## Statement of Changes in Net Assets Available for Benefits

| | Year Ended December 31, 2025 |
|---|---|
| **Additions to (deductions from) net assets attributed to:** | |
| Investment income: | |
| Net appreciation in fair value of investments | **$ 837,936** |
| Interest and dividends | **18,171** |
| Total net investment income | **856,107** |
| Benefit payments | **(589,913)** |
| Administrative expenses | **(207,219)** |
| Net increase | **58,975** |
| Net Assets Available for Benefits at beginning of year | **11,918,167** |
| Net Assets Available for Benefits at end of year | **$ 11,977,142** |

*See accompanying report of independent certified public accountants and notes to financial statements.*

# United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen

**Notes to Financial Statements**

## 1. PLAN DESCRIPTION

The following description of the United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen (the "Plan") provides only general information. Participants should refer to the Summary Plan Description and Plan Document for a more complete description of the Plan's provisions.

### *General*

The Plan was established effective January 1, 2019 covering certain collectively-bargained employees of United Launch Alliance LLC (the "Company") who previously participated in the United Launch Alliance Pension Plan for Hourly Represented Employees (the "Merged Prior Plan"). The accrued benefits of such employees under the Merged Prior Plan were transferred to the Plan effective January 1, 2019.

The Plan is a noncontributory defined benefit pension plan providing retirement benefits to eligible employees of the Company. Eligible employees are hourly employees of the Company as defined in and covered by the applicable Collective Bargaining Agreement. The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective December 31, 2016, eligible employees' benefits under the Merged Prior Plan provisions were frozen and their benefit will not increase after that date (the "Freeze Date").

### *Administration*

The Northern Trust Company ("Northern Trust" or "Trustee") is the Trustee of the Plan. The United Launch Alliance Administrative Committee is responsible for the oversight of the administration and operation of the Plan. The United Launch Alliance Investment Committee establishes, amends and monitors compliance with investment policies, and selects and monitors the trustee, investment managers, and outside investment advisors and consultants to the Plan. The Board of Directors of the Company is responsible for appointing the committees.

### *Benefits*

The Plan provides for retirement benefits based on an amount payable at a selected age and in a selected form and is generally based upon the employee's accrued benefit. In general, the monthly benefit amount is calculated as a flat dollar rate, multiplied by the number of years of credited service, as defined in the Plan Document, depending on the date of termination or retirement or respective Freeze Date. Normal retirement age is 65. The Plan also provides early retirement benefits at age 55 and other benefits upon meeting certain other conditions. Benefits are payable in the form of a joint and survivor annuity, single life annuity or other optional forms as further described in the Plan Document. Certain death and disability benefits are also available under the Plan if the prescribed criteria are met.

### *Vesting*

Participants become fully vested upon completion of five years of service or attaining normal retirement date.

### *Funding Policy*

The Company's funding policy is to contribute annually an amount so as to meet the minimum funding requirements and as recommended by the Plan's actuary. No employee contributions are required or permitted. During 2025, the Plan met the minimum funding requirements of ERISA. No employer contributions were required for the Plan year ended December 31, 2025.

### *Termination of the Plan*

The Company has the right under the Plan to discontinue its contributions and to terminate the Plan, however has not expressed any intention to do so.

If the Plan terminates, the rights of all affected participants to benefits accrued upon termination are nonforfeitable. Net assets of the Plan available to provide benefits would be allocated upon termination in accordance with the guidelines prescribed by the Plan and ERISA and its related regulations. If the Plan terminates, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. governmental agency. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### *Basis of Accounting*

The accompanying financial statements have been prepared using the accrual basis of accounting.

### *Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires estimates to be made that affect the amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. The most significant of these estimates relates to the determination of the accumulated plan benefits

and the Plan's funded status. Actual results could differ from those estimates and could be material to the Plan's financial statements.

### *Investments and Income Recognition*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 5, *Fair Value Measurements and Disclosures*).

The change in net appreciation consists of both realized and unrealized gains and losses. Purchases and sales of investments are recorded on the trade date. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned.

### *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for services rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries; (2) beneficiaries of employees who have died; and (3) present employees or their beneficiaries. Benefits for retired, terminated and disabled employees or their beneficiaries are based on each former employee's credited service prior to his or her termination or retirement date or Freeze Date (whichever is earlier). Accumulated plan benefits for active employees are based on each employee's credited service as of the Freeze Date. Benefits payable under all circumstances -- retirement, death, disability, and termination of employment - are deemed included to the extent they are attributable to employee service prior to the Freeze Date.

The Plan's actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted.

The Pension Protection Act of 2006, as amended by the Worker, Retiree and Employer Retiree and Employer Recovery Act of 2008 imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage ("AFTAP"). The 2025 AFTAP for the Plan is 119%. Because the Plan's AFTAP met the required threshold, the Plan is not subject to any benefit restrictions.

### *Payment of Benefits*

Benefits are recorded when paid.

## 3. ACCUMULATED PLAN BENEFITS

The present value of accumulated plan benefits, as determined by the actuary is as follows:

| | December 31, 2025 | December 31, 2024 |
|---|---|---|
| Actuarial present value of accumulated plan benefits: | | |
| Vested benefits: | | |
| Participants currently receiving benefits | $ 7,906,325 | $ 6,329,964 |
| Current and terminated employees with vested benefits | 3,064,916 | 4,566,440 |
| Total vested benefits | 10,971,241 | 10,896,404 |
| Non-vested benefits | - | - |
| Total actuarial present value of accumulated plan benefits | $ 10,971,241 | $ 10,896,404 |

The following comprises the changes in accumulated plan benefits:

| | |
|---|---|
| Actuarial present value of accumulated plan benefits as of December 31, 2024 | $ 10,896,404 |
| Increase (decrease) during year attributable to: | |
| Interest accumulation | 477,243 |
| Benefit payments | (589,913) |
| Assumption changes | 264,081 |
| Benefit accruals and participant experience | (76,574) |
| Net change | 74,837 |
| Actuarial present value of accumulated plan benefits as of December 31, 2025 | $ 10,971,241 |

Significant actuarial assumptions used in the 2025 and 2024 valuations were: (1) an annual discount rate of 4.25% and 4.50%, respectively; and (2) life expectancy of participants (Pri-2012, with blue collar adjustments, projected generationally with Scale MP-2021).

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated Plan benefits.

## 4. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan Sponsor has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA. Accordingly, Northern Trust, a qualified institution, has certified that the following information included in the accompanying financial statements and supplemental schedules are complete and accurate:

a. Investments as shown in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024;
b. Net appreciation in fair value of investments and interest and dividends as shown in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025;
c. Investment amounts included in the notes to financial statements and supplemental schedules.

At the request of the Plan Sponsor, the Plan's certified public accountants did not perform any auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

## 5. FAIR VALUE MEASUREMENTS AND DISCLOSURES

The Company uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access;

- Level 2: Inputs to the valuation methodology include:
  - quoted prices for similar assets or liabilities in active markets;
  - quoted prices for identical or similar assets or liabilities in inactive markets;
  - inputs other than quoted prices that are observable for the asset or liability;
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

  If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability;

- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments at fair value. For the year ended December 31, 2025, the Company re-evaluated the fair value hierarchy classification of the money market fund and determined that it met the requirements to be classified as a level 1 investment based on the availability of quoted market prices on an active market. The classification was updated for the years ended December 31, 2025 and 2024. There were no changes in the fair values as a result in the change in leveling.

*Money Market Fund:* This fund is a money market mutual fund valued at the net asset value ("NAV") that is quoted on an active market and is determined based on the fair value of the underlying assets at the end of each day.

*Collective Investment Trusts:* The collective investment trusts are valued based on the Plan's interest in the funds at NAV reported by the fund managers as of the financial statement date and recent transaction prices. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Fair values for the investments within these funds are based on quoted prices in active markets and securities valued using either observable inputs or quotations from inactive markets.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table reflects the investments held by the Plan that are measured and carried at fair value on a recurring basis as of December 31, 2025:

| Asset Category | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market fund | $ 199,023 | $ - | $ - | $ 199,023 |
| Total assets in the fair value hierarchy | 199,023 | - | - | 199,023 |
| Investments measured at net asset value (a) | | | | 11,812,317 |
| Total investments at fair value | | | | $ 12,011,340 |

The following table reflects the investments held by the Plan that are measured and carried at fair value on a recurring basis as of December 31, 2024:

| Asset Category | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market fund | $ 823,782 | $ - | $ - | $ 823,782 |
| Total assets in the fair value hierarchy | 823,782 | - | - | 823,782 |
| Investments measured at net asset value (a) | | | | 11,124,394 |
| Total investments at fair value | | | | $ 11,948,176 |

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent), as a practical expedient, have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

*Investments Measured Using the Net Asset Value per Share Practical Expedient*

The following table summarizes investments within the Plan for which fair value is measured using the net asset value per share practical expedient:

| *As of December 31,* | *Investment Type* | *Fair Value* | *Unfunded Commitments* | *Redemption Frequency* | *Redemption Notice Period* |
|---|---|---|---|---|---|
| 2025 | Collective investment trusts (a) | $ 11,812,317 | None | Daily | 15 day notice |
| 2024 | Collective investment trusts (a) | $ 11,124,394 | None | Daily | 15 day notice |

(a) The purpose of these funds is to achieve a total return by investing in a diversified portfolio of fixed-income securities with maturities ranging over an extended period of time.

## 6. INCOME TAX STATUS

The Plan has not obtained a determination letter from the Internal Revenue Service ("IRS"). However, the Merged Prior Plan received a determination letter from the IRS dated January 25, 2017 stating that the Plan is designed in compliance with the applicable requirements of the Code.

The Plan is required to operate in conformity with the Internal Revenue Code (the "Code") to maintain its tax-qualified status. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related Trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS audits for any tax periods in progress.

## 7. PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

The Plan holds certain investments managed by the Trustee and the investment advisor. Transactions in these investments are party-in-interest transactions. The Plan pays actuarial, audit, custodial, investment management, investment advisory and legal fees from the Trust. Such transactions constitute party-in-interest transactions. These transactions are exempt from the prohibited transaction rules.

## 8. CONCENTRATIONS, RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investments in general, are subject to various risks, such as interest rate, credit and overall market volatility risk. Additionally, the value, liquidity and related income of the investment securities are sensitive to changes in economic conditions, including real estate values, delinquencies, and defaults and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the funded status of the Plan. As of December 31, 2025 and 2024 there were three investments held in the Plan which individually accounted for more than 10% of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the amounts reported in the financial statements and accompanying notes.

## 9. SUBSEQUENT EVENTS

The Company has evaluated subsequent events through September 23, 2026, which is the date the financial statements were available to be issued. There were no events or transactions discovered during the evaluation that require recognition or disclosure in the financial statements.

# United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen

**Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held At End of Year) – As of December 31, 2025**

EIN: 81-0673845
Plan Number: 008

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Northern Trust Institutional Funds Treasury Portfolio | Money Market Mutual Fund | $ 199,023 | $ 199,023 |
| * | Aon Hewitt Collective Investment 20+ Year US Treasury Strips Fund | Collective Investment Trust | 322,960 | 160,724 |
| * | Aon Hewitt US Int Credit Bond Fund | Collective Investment Trust | 4,043,855 | 4,369,549 |
| * | Aon Hewitt US Long Fixed Income Active Credit Fund | Collective Investment Trust | 5,418,089 | 5,021,822 |
| * | Aon Hewitt Treasury US Intermediate Government Bond Fund | Collective Investment Trust | 2,127,830 | 2,260,222 |
| | **Total assets (held at end of year)** | | | **$ 12,011,340** |

*Party-in-interest as defined by ERISA.

# United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen

**Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions –**
**For the Year Ended December 31, 2025**

EIN: 81-0673845
Plan Number: 008

| (a) Identity of Party Involved | (b) Description of Asset | # of Transactions | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain (Loss) |
|---|---|---|---|---|---|---|---|
| *Single transactions in excess of 5% of Plan Assets* | | | | | | | |
| *Aon Hewitt | US Int Credit Bond Fund | 1 | $ 650,000 | $ - | $ 650,000 | $ 650,000 | $ - |
| *Aon Hewitt | US Long Fixed Income Active Credit Fund | 1 | $ - | $ 600,000 | $ 678,454 | $ 600,000 | $ (78,454) |

*continued*

*Party-in-interest as defined by ERISA.

# United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen

**Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions –**
**For the Year Ended December 31, 2025**

EIN: 81-0673845
Plan Number: 008

| (a) Identity of Party Involved | (b) Description of Asset | # of Transactions | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain (Loss) |
|---|---|---|---|---|---|---|---|
| *Series of transactions in excess of 5% of Plan Assets* | | | | | | | |
| *Northern Trust | Institutional Funds Treasury Portfolio | 5 | $ 235,617 | $ - | $ 235,617 | $ 235,617 | $ - |
| *Northern Trust | Institutional Funds Treasury Portfolio | 32 | $ - | $ 860,377 | $ 860,377 | $ 860,377 | $ - |
| *Aon Hewitt | US Int Credit Bond Fund | 4 | $ 1,080,000 | $ - | $ 1,080,000 | $ 1,080,000 | $ - |
| *Aon Hewitt | US Long Fixed Income Active Credit Fund | 1 | $ 200,000 | $ - | $ 200,000 | $ 200,000 | $ - |
| *Aon Hewitt | US Long Fixed Income Active Credit Fund | 4 | $ - | $ 980,000 | $ 1,107,716 | $ 980,000 | $ (127,716) |

*Party-in-interest as defined by ERISA.

**ATTACHMENT TO 2025 SCHEDULE SB (FORM 5500)**
**LINE 26 – SCHEDULE OF ACTIVE PLAN PARTICIPANTS**
**AS OF JANUARY 1, 2025**

**Plan: United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen**
**Plan Sponsor: United Launch Alliance**
**E.I.N.: 81-0673845 Plan No.: 008**

Years of Credited Service

| | Under 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | | | | | | | | | | | |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 to 29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 to 34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35 to 39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40 to 44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45 to 49 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 50 to 54 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 55 to 59 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60 to 64 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 65 to 69 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 |
| 70 & up | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 |

**ATTACHMENT TO 2025 SCHEDULE SB (FORM 5500)**
**PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS & METHODS**
**AS OF JANUARY 1, 2025**

**Plan: United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen**
**Plan Sponsor: United Launch Alliance**
**E.I.N.: 81-0673845 Plan No.: 008**

## Actuarial Methods

**Funding Method**

The funding target and target normal cost for minimum funding calculations are determined using the unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the funding target liability. The target normal cost only consists of the assumed administrative expenses since benefit accruals are frozen.

The Projected Unit Credit method is used solely for development of maximum deductible contribution.

**Asset Valuation**

The Valuation Assets are determined using a method that spreads asset gains/(losses) over a two year period on an annual basis. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. Accrued contributions receivable, if any, are included in the Valuation Assets. This is known as an actuarial value of assets and is in compliance with the Pension Protection Act of 2006. As a result of applying these smoothing techniques, the valuation assets will generally fluctuate less than the market value of assets.

**Measurement Date**

January 1, 2025

**Valuation Date**

First day of the plan year.

**Benefits Not Valued**

We are not aware of any benefits required to be valued that were not. To the best of our knowledge we have reflected all material provisions of the plan.

Participants whose benefits have a present value of less than $5,000 are eligible to receive a single lump sum payment. We have not directly valued this option, but have instead valued the benefit using the same assumptions as for other participants.

**ATTACHMENT TO 2025 SCHEDULE SB (FORM 5500)**
**PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS & METHODS**
**AS OF JANUARY 1, 2025**

**Plan: United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen**
**Plan Sponsor: United Launch Alliance**
**E.I.N.: 81-0673845 Plan No.: 008**

## Economic Assumptions

**Interest Rate**

*Maximum Deductible*

January 2025 IRS Segment Rates:

| | |
|---|---|
| First Segment | 5.00% |
| Second Segment | 5.27% |
| Third Segment | 5.40% |
| Single Effective Rate | 5.29% |

*Minimum Funding*

January 2025 IRS Segment Rates (reflecting segment rate stabilization as amended under ARP 2021):

| | |
|---|---|
| First Segment | 5.00% |
| Second Segment | 5.27% |
| Third Segment | 5.50% |
| Single Effective Rate | 5.32% |

**Assumed Rate of Return on Assets**

The assumed rate of return for the 2024 plan year was 5.00%. The assumed rate of return for the 2023 plan year was 5.00%.

**Future Increases in Maximum Pay and Benefits**

Benefits limitations set by IRC 415(b) are not assumed to increase in the future.

**Future Cost of Living Adjustments**

N/A

**Plan-related Expenses**

$185,000 was added to the Target Normal Cost to represent plan-related expenses anticipated to be paid from the Plan's assets for the plan year.

## Demographic Assumptions

**Healthy Mortality**

IRS 2025 Generational Mortality Table, sex distinct, with separate rates for annuitants and non-annuitants.

**Disabled Mortality**

Same as healthy.

**ATTACHMENT TO 2025 SCHEDULE SB (FORM 5500)**
**PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS & METHODS**
**AS OF JANUARY 1, 2025**

**Plan: United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen**
**Plan Sponsor: United Launch Alliance**
**E.I.N.: 81-0673845 Plan No.: 008**

## Demographic Assumptions (cont.)

**Disability Incidence**

Sample rates of disability incidence by age and gender are as follows:

| Age | Male | Female |
|---|---|---|
| 20 | 0.03% | 0.03% |
| 25 | 0.03% | 0.03% |
| 30 | 0.03% | 0.04% |
| 35 | 0.04% | 0.07% |
| 40 | 0.08% | 0.13% |
| 45 | 0.16% | 0.24% |
| 50 | 0.33% | 0.40% |
| 55 | 0.69% | 0.64% |
| 60 | 1.15% | 0.90% |
| 65+ | 0.00% | 0.00% |

**Retirement**

Rates of retirement from active employment are as follows:

| Age | Rate |
|---|---|
| 55 | 10.0% |
| 56 | 5.0% |
| 57 | 5.0% |
| 58 | 5.0% |
| 59 | 5.0% |
| 60 | 15.0% |
| 61 | 15.0% |
| 62 | 30.0% |
| 63 | 20.0% |
| 64 | 20.0% |
| 65 | 40.0% |
| 66 | 30.0% |
| 67 | 20.0% |
| 68 | 20.0% |
| 69 | 35.0% |
| 70+ | 100.0% |

**ATTACHMENT TO 2025 SCHEDULE SB (FORM 5500)**
**PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS & METHODS**
**AS OF JANUARY 1, 2025**

**Plan: United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen**
**Plan Sponsor: United Launch Alliance**
**E.I.N.: 81-0673845 Plan No.: 008**

## Demographic Assumptions (cont.)

**Termination**

Sample rates of termination from active employment by age and service are illustrated below:

| Decrement | Years of Service | | | |
|---|---|---|---|---|
| Age | 0-1 | 2-4 | 5-9 | 10+ |
| 20 | 14.3920% | 12.7710% | 0.000% | 0.000% |
| 25 | 17.3920% | 15.4260% | 13.6080% | 0.000% |
| 30 | 14.8880% | 12.2220% | 8.8095% | 5.0820% |
| 35 | 13.4240% | 9.9180% | 7.5075% | 5.2710% |
| 40 | 12.7280% | 9.3150% | 6.3105% | 4.3575% |
| 45 | 12.3840% | 8.5230% | 6.1110% | 3.9165% |
| 50 | 12.4800% | 8.0100% | 5.5860% | 3.6645% |
| 55 | 10.8160% | 7.0380% | 2.7195% | 0.9240% |
| 60 | 10.9040% | 7.0560% | 2.2260% | 0.2100% |
| 61+ | 0.0000% | 0.0000% | 0.0000% | 0.0000% |

**Decrement Timing**

Middle of year decrements.

**Commencement Date for Deferred Vested Benefits**

Age 61.

**Commencement Date for Pre-retirement Death Benefits**

Benefits are payable at the later of death or age 55.

**Marriage**

80% of all plan participants are assumed to be married. Wives are assumed to be 3 years younger than husbands.

**Form of Payment**

Non-spousal beneficiaries are allowed. Assumed election percentages are as follows:

| Form | Male | Female |
|---|---|---|
| Single life annuity | 30.0% | 75.0% |
| 50% joint and survivor annuity | 35.0% | 12.5% |
| 75% joint and survivor annuity | 35.0% | 12.5% |

**New Employees**

No new or rehired employees are assumed.

**ATTACHMENT TO 2025 SCHEDULE SB (FORM 5500)**
**PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS & METHODS**
**AS OF JANUARY 1, 2025**

**Plan: United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen**
**Plan Sponsor: United Launch Alliance**
**E.I.N.: 81-0673845 Plan No.: 008**

## Rationale for Significant Actuarial Assumptions

| | |
|---|---|
| **Interest Rate** | The lookback basis was selected from the methods permitted by IRC 430. The underlying rates are based on historical market data and are published periodically by the IRS. |
| **Plan-related Expenses** | As required IRC 430, we have estimated plan-related expenses anticipated to be paid from the plan's assets for the coming plan year. This may include, but is not limited to, anticipated PBGC premiums, trustee fees, actuarial fees, legal fees, and administration costs that are paid from the plan trust. |
| **Assumed Rate of Return on Assets for Purposes of Calculating Actuarial Value of Assets** | Equal to the expected return on assets for the 2024 plan year used for ASC 715, compared to the 3rd segment rate and limited if necessary. |
| **Mortality** | The mortality tables and any applicable improvement projection scales used for purposes of this valuation were selected from those permitted by IRC 430. Updates are published periodically by the IRS. |
| **Termination and Retirement** | The termination and retirement rates are based on an experience study conducted in 2014 and the plan sponsor's expectations of future experience. The termination rates vary by both age and service because newly hired employees are expected to terminate at a higher rate than longer-term employees. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations. |
| **Disability Incidence** | The disability rates are based on an experience study conducted in 2014. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations. |
| **Commencement Dates for Terminated Vested Participants** | The commencement dates for terminated vested participants are based on the plan sponsor's expectations of future experience. Early commencement factors for deferred vested benefits are not subsidized, so assuming commencement at differing ages is not expected to create a significant difference in the results. |

**ATTACHMENT TO 2025 SCHEDULE SB (FORM 5500)**
**PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS & METHODS**
**AS OF JANUARY 1, 2025**

**Plan: United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen**
**Plan Sponsor: United Launch Alliance**
**E.I.N.: 81-0673845 Plan No.: 008**

## Rationale for Significant Actuarial Assumptions (cont.)

| | |
|---|---|
| **Form of Payment** | Participants are assumed to commence payments with the assumed forms based on the plan sponsor's expectations of future experience. Non-spouse beneficiaries are permitted so the assumed marital status is not taken into account. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations that would materially affect the results. |
| **Marriage Assumptions** | The percentage married and spousal age difference assumptions are based on the plan sponsor's expectations of their population. |

**ATTACHMENT TO 2025 SCHEDULE SB (FORM 5500)**
**PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS & METHODS**
**AS OF JANUARY 1, 2025**

**Plan: United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen**
**Plan Sponsor: United Launch Alliance**
**E.I.N.: 81-0673845 Plan No.: 008**

## Changes Since Prior Valuation

**Plan Provisions**

- IRS limits on the maximum annual benefit increased from $275,000 for 2024 to $280,000 for 2025.

**Assumptions**

- The interest rates selected by the sponsor for determining the Funding Target Liability were updated from the 2024 IRS prescribed segment rates with no lookback to the 2025 IRS prescribed segment rates with no lookback, both adjusted by the applicable 25-year historical interest rate corridor per the "segment rate stabilization" provisions of IRC Section 430.
- The interest rates selected by the sponsor for determining the maximum tax deductible contribution were updated from the 2024 IRS prescribed segment rates with no lookback to the 2025 IRS prescribed segment rates with no lookback.
- The mortality tables for determining the Funding Target Liability were updated from the IRC Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables applicable for 2024 funding valuations to the IRC Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables applicable for 2025 funding valuations.
- The administrative expense load was decreased from $196,000 to $185,000 to reflect the administrative expenses expected to be paid during the current plan year.

**Methods**

- None

# United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen

**Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions –**
**For the Year Ended December 31, 2025**

EIN: 81-0673845
Plan Number: 008

| (a) Identity of Party Involved | (b) Description of Asset | # of Transactions | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain (Loss) |
|---|---|---|---|---|---|---|---|
| *Single transactions in excess of 5% of Plan Assets* | | | | | | | |
| *Aon Hewitt | US Int Credit Bond Fund | 1 | $ 650,000 | $ - | $ 650,000 | $ 650,000 | $ - |
| *Aon Hewitt | US Long Fixed Income Active Credit Fund | 1 | $ - | $ 600,000 | $ 678,454 | $ 600,000 | $ (78,454) |

*continued*

*Party-in-interest as defined by ERISA.

# United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen

**Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions –**
**For the Year Ended December 31, 2025**

EIN: 81-0673845
Plan Number: 008

| (a) Identity of Party Involved | (b) Description of Asset | # of Transactions | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain (Loss) |
|---|---|---|---|---|---|---|---|
| *Series of transactions in excess of 5% of Plan Assets* | | | | | | | |
| *Northern Trust | Institutional Funds Treasury Portfolio | 5 | $ 235,617 | $ - | $ 235,617 | $ 235,617 | $ - |
| *Northern Trust | Institutional Funds Treasury Portfolio | 32 | $ - | $ 860,377 | $ 860,377 | $ 860,377 | $ - |
| *Aon Hewitt | US Int Credit Bond Fund | 4 | $ 1,080,000 | $ - | $ 1,080,000 | $ 1,080,000 | $ - |
| *Aon Hewitt | US Long Fixed Income Active Credit Fund | 1 | $ 200,000 | $ - | $ 200,000 | $ 200,000 | $ - |
| *Aon Hewitt | US Long Fixed Income Active Credit Fund | 4 | $ - | $ 980,000 | $ 1,107,716 | $ 980,000 | $ (127,716) |

*Party-in-interest as defined by ERISA.

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

**A** Name of plan
UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY EMPLOYEES OF THE SPACE SYSTEMS GROUP AT HARLINGEN

**B** Three-digit plan number (PN) ▶ 008

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
United Launch Alliance

**D** Employer Identification Number (EIN)
81-0673845

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2025

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 11,951,241 |
| **b** Actuarial value | **2b** | 12,191,078 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 80 | 6,028,295 | 6,028,295 |
| **b** For terminated vested participants | 63 | 3,771,445 | 3,771,445 |
| **c** For active participants | 2 | 441,360 | 441,360 |
| **d** Total | 145 | 10,241,100 | 10,241,100 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |
| **5** Effective interest rate | **5** | 5.32% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 185,000 |
| **c** Target normal cost | **6c** | 185,000 |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN HERE**

Catherine Sellers

Signature of actuary

9/1/2026

Date

CATHERINE SELLERS

Type or print name of actuary

2608885

Most recent enrollment number

GALLAGHER BENEFIT SERVICES, INC.

Firm name

720-994-3655

Telephone number (including area code)

6200 S. Syracuse Way
Suite 220
Greenwood Village CO 80111

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 0.65 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 0 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.14 % | | 0 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | **d** Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 119.04 % |
| 15 | Adjusted funding target attainment percentage | 15 | 119.04 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 123.88 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 0 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | **a** Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| | **b** Contributions made to avoid restrictions adjusted to valuation date. | 19b | 0 |
| | **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date. | 19c | 0 |

20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

## Part V Assumptions Used to Determine Funding Target and Target Normal Cost

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | ☐ N/A, full yield curve used |
|---|---|---|---|
| 5.00 % | 5.27 % | 5.50% | |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 62 |

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous Items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | **27** | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|---|---|
| **28** Unpaid minimum required contributions for all prior years | **28** | 0 |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | **29** | 0 |
| **30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | **30** | 0 |

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 185,000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 185,000 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 0 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 0 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 0 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

## Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

**ATTACHMENT TO 2025 SCHEDULE SB (FORM 5500)**
**LINE 22 – WEIGHTED AVERAGE RETIREMENT AGE**
**AS OF JANUARY 1, 2025**

**Plan: United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen**
**Plan Sponsor: United Launch Alliance**
**E.I.N.: 81-0673845 Plan No.: 008**

| Age | % Remaining | Assumed Retirement Rate | Weighted Age |
|---|---|---|---|
| 55.5 | 100.00% | 10.0% | 5.55 |
| 56.5 | 90.00% | 5.0% | 2.54 |
| 57.5 | 85.50% | 5.0% | 2.46 |
| 58.5 | 81.22% | 5.0% | 2.38 |
| 59.5 | 77.16% | 5.0% | 2.30 |
| 60.5 | 73.31% | 15.0% | 6.65 |
| 61.5 | 62.31% | 15.0% | 5.75 |
| 62.5 | 52.96% | 30.0% | 9.93 |
| 63.5 | 37.07% | 20.0% | 4.71 |
| 64.5 | 29.66% | 20.0% | 3.83 |
| 65.5 | 23.73% | 40.0% | 6.22 |
| 66.5 | 14.24% | 30.0% | 2.84 |
| 67.5 | 9.97% | 20.0% | 1.35 |
| 68.5 | 7.97% | 20.0% | 1.09 |
| 69.5 | 6.38% | 35.0% | 1.55 |
| 70.5 | 4.15% | 100.0% | 2.92 |
| Average | | | 62.07 |

**ATTACHMENT TO 2025 SCHEDULE SB (FORM 5500)**
**PART V – SUMMARY OF PLAN PROVISIONS**
**AS OF JANUARY 1, 2025**

**Plan: United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen**
**Plan Sponsor: United Launch Alliance**
**E.I.N.: 81-0673845 Plan No.: 008**

## Plan Provisions

**Effective Date**

January 1, 2019. This plan was spun off from the larger Lockheed Martin Pension Plan for Hourly Employees of the Space Systems Group ("Hourly plan") on this date but provides benefits accrued under the prior Hourly plan.

**Eligibility**

Employees represented by UAW Local 2346 who were eligible participants of the prior Hourly plan. No new participants are eligible to enter the plan.

**Credited Service**

One year of Credited Service is credited for each plan year in which an employee completes 1,700 or more hours of service. Partial years are granted for fewer hours.

Includes any Credited Service under prior Hourly plan. No service is credited after December 31, 2016.

**Vesting Service**

One year of Vesting Service is granted for each plan year during which a participant works 1,000 or more hours. Partial years are granted for fewer hours.

Includes any Vesting Service under prior Hourly plan. Service continues accruing after December 31, 2016 for this purpose.

**Vesting**

100% upon completion of 5 years of Vesting Service.

**Normal Retirement**

*Eligibility*

The later of age 65 or five years of plan membership.

*Accrued Benefit*

Benefit Rate multiplied by Years of Credited Service, reduced by any benefit payable from the General Dynamics Corporation Hourly Employees' Retirement Plan. Benefit accruals are frozen effective December 31, 2016.

| Date of Retirement | Monthly Benefit Rate |
|---|---|
| 6/1/2008 | $31 |
| 6/1/2010 | $34 |
| 7/13/2013 | $40 |
| 7/13/2015 | $43 |
| 7/1/2016 | $50 |

**ATTACHMENT TO 2025 SCHEDULE SB (FORM 5500)**
**PART V – SUMMARY OF PLAN PROVISIONS**
**AS OF JANUARY 1, 2025**

**Plan: United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen**
**Plan Sponsor: United Launch Alliance**
**E.I.N.: 81-0673845 Plan No.: 008**

## Plan Provisions (cont.)

**Early Retirement**

*Eligibility*

Age 55.

*Accrued Benefit*

Accrued normal retirement benefit reduced according to the following table based on age at retirement:

| Age | Reduction Factor |
|---|---|
| 64 | 95% |
| 63 | 90% |
| 62 | 85% |
| 61 | 80% |
| 60 | 80% |
| 59 | 75% |
| 58 | 70% |
| 57 | 65% |
| 56 | 60% |
| 55 | 50% |

**Late Retirement**

Participants may continue employment after their Normal Retirement Date, in which case they will receive the greater of (A) the accrued benefit based on Credited Service upon termination, and (B) their benefit calculated at Normal Retirement Date, actuarially increased to actual retirement date.

**Disability Retirement Benefit**

Participants who become totally and permanently disabled after attaining 10 years of Vesting Service are eligible to receive double the amount of their unreduced Normal Retirement Benefit in the form of a Life Annuity commencing on the first day of the sixth month coincident with or next following the date they became disabled. Upon reaching Social Security Retirement Age this benefit ends and they are eligible to elect optional forms of payment. This benefit may be offset by any amounts received under a Worker's Compensation or other insurance claim.

**ATTACHMENT TO 2025 SCHEDULE SB (FORM 5500)**
**PART V – SUMMARY OF PLAN PROVISIONS**
**AS OF JANUARY 1, 2025**

**Plan: United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen**
**Plan Sponsor: United Launch Alliance**
**E.I.N.: 81-0673845 Plan No.: 008**

**Plan Provisions (cont.)**

| | |
|---|---|
| **Surviving Spouse Death Benefit** | 50% of the amount that would have been payable to the member as if the member had retired early on the first day of the month of death and had elected the 50% joint and survivor option, provided the member had been married at least one year and benefits are vested. Benefits paid prior to 65 are reduced using the Early Retirement reduction factors. |
| **Normal Form of Payment** | Single life annuity if single, 50% joint and survivor annuity if married. |
| **Optional Forms of Payment** | Life annuity; Life annuity with 60 or 120 months guaranteed; 50%, 66 ⅔%, or 75% Joint and Survivor annuity; Social Security Level Income Option |
| **Optional Form Conversion Basis** | Optional forms are calculated as the actuarial equivalent of the normal form, using the 1971 GAM Mortality Table and 5.5% interest. |
| **Small Benefits** | Benefits with an actuarially equivalent present value of less than $5,000 will be paid as a lump sum upon termination. |
| **Lump Sum Conversion Basis** | Lump sums are calculated based on the normal form using the published IRS 417(e) mortality and interest rates for the applicable plan year using a 1-month interest lookback (December of preceding year) from the start of each plan year. |
| **Employee Contributions** | None. |
| **Maximum Pay and Benefits** | Benefits for any given year must not exceed the limitations set by IRC 415(b). The plan is administered in compliance with these limits and increase them automatically as published by the IRS. |

# United Launch Alliance Pension Plan for Hourly Employees of the Space Systems Group at Harlingen

**Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held At End of Year) – As of December 31, 2025**

EIN: 81-0673845
Plan Number: 008

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Northern Trust Institutional Funds Treasury Portfolio | Money Market Mutual Fund | $ 199,023 | $ 199,023 |
| * | Aon Hewitt Collective Investment 20+ Year US Treasury Strips Fund | Collective Investment Trust | 322,960 | 160,724 |
| * | Aon Hewitt US Int Credit Bond Fund | Collective Investment Trust | 4,043,855 | 4,369,549 |
| * | Aon Hewitt US Long Fixed Income Active Credit Fund | Collective Investment Trust | 5,418,089 | 5,021,822 |
| * | Aon Hewitt Treasury US Intermediate Government Bond Fund | Collective Investment Trust | 2,127,830 | 2,260,222 |
| | **Total assets (held at end of year)** | | | **$ 12,011,340** |

*Party-in-interest as defined by ERISA.